

District Name:

District Test Coordinator:

Accommodated Test Order Form (IELA 2010)

District Number:

Contact Info: _____

Instructions: This form is for collecting counts of the number of students in your district who will need Accommodated Versions (Braille or Enlarged Print) of the Idaho English Language Assessment. Please complete this form by filling in the number of applicable students for each grade on the table below and return it to IELA Customer Service by fax (866-688-0419) or email (<u>iela@QuestarAI.com</u>) by **December 7**th. Please note that due to the required production time, requests submitted after that time cannot be honored.

Grade	Number of LEP1 Beginner Students – Form 1*			Number of other LEP Students – Form 2*		
	K				NA**	NA**
01						
02						
03						
04						
05						
						1

Please fax this form to IELA Customer Service at 866-688-0419 or email to (iela@QuestarAL.com) no later than December 7, 2009.

^{*} For all grade spans except Kindergarten, there are two test booklets of differing difficulty. Form 1 is for LEP1 students who are at the Beginner Level in Reading and Writing; Form 2 is for all other LEP students. If an LEP1 student is beyond Beginner Level in Reading and Writing, he or she should take Form 2.

^{**} All Kindergarteners should be listed in the Beginner column(s) regardless of ability.